

INTERPARISH GRADE SCHOOL BAND FIELD TRIP FORM
(including Immaculate Conception, St. Joseph and St. Peter Schools)

**TO THE PARENT (information from the school
concerning the field trips)**

5th, 6th, 7th & 8th Gr.
**April & May Spring
Concert Rehearsals**

Name of event: Interparish Grade School Band After-School Rehearsals

Location: St. Peter Band Room (ground floor of recent addition on High Street)

Purpose of field trip: To combine the three schools' bands for rehearsal in preparation of the Spring Concert on Sunday, May 2, 2010...

Date: **7th & 8th gr.**-Monday, April 19 & Thursday, April 29

6th gr.-Wednesday, April 28

5th gr.-Tuesday, April 27

Jazz Band-Friday, April 9 & Friday, April 30

Planned times for leaving school: St. Joseph – 2:10, Immaculate Conception – 2:25

Planned time for dismissal: Parents are responsible for transportation home at the conclusion of all rehearsals which end at 4:45pm

Planned transportation: Chartered school bus

Cost: \$56.00 (or more) per trip paid for by Helias/Interparish Band Boosters

Faculty Coordinator: Bruce G. Connor (635-2732 between 5:00 & 7:00 evenings) or
bconnor@icangels.com

Expectations: Students shall follow the directions of the teacher, chaperones and drivers, using seat belts when provided.

Date due for Field Trip Permit: On or before Friday, March 12, 2010 *

TO THE SCHOOL (to be completed by parents or guardians)

5th, 6th, 7th & 8th gr.
**April & May Spring
Concert Rehearsals**

Being informed of these facts and recognizing the risks that may be involved, I request and

consent to the participation of my son/daughter, _____,

(name)

in the field trip to St. Peter Band Room on April 9, 19, 27, 28, 29 & 30, 2009

(place)

(dates)

as arranged by the Interparish Grade School Band.

Signature of parent or guardian: _____

Date: _____ Cell Phone: _____

* This completed form must be returned to the Faculty Coordinator before student participation (for a letter grade) from all three schools will be permitted. Thank you! **(OVER)**